

STATE OF MONTANA

MISCELLANEOUS CLAIM FOR SERVICES NON-CONFLICT CASES

Vendor ID #

☐ Expert Witness
 ☐ Investigator
☐ Transcripts/Depositions
 ☐ Interpreter
☐ Mental Health Evaluation
 ☐ Polygraph/DNA Testing
☐ Chemical Dependency Evaluation
☐ Psychosexual Evaluation
☐ Other (**MUST** Specify) _____

Claimant must attach an itemized invoice to this summary form. The invoice must detail services by assigned OPD client number and document dates, time spent, rate of pay, and a description of the activity. Attach a copy of the pre-approval notice for any pre-approved costs. OPD client numbers are assigned by the Regional Office. Separate summary forms must be prepared for non-conflict and appellate cases. The attorney requesting your services can direct you to the appropriate form. All travel expenses reported on this claim are to be detailed on a travel expense voucher form by case number and attached to this claim form. Claimant must submit a monthly claim by the 10th of the month following the month in which costs were incurred. **Submit this claim to the Regional Deputy Public Defender that assigned the case. Please mail the original. We cannot accept faxes.**

Billing for Region

Client Name	OPD-Assigned Case ID #	Attorney's Name	Total Fees	Total Costs (including Travel)	Total Fees & Costs
TOTALS					

The undersigned claimant certifies that the cases listed, expenses claimed and the times reported are true and accurate.

Contract Manager's Approval/Date Approved

OPD 070308MCN